

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Kevin Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

DOCUMENT # **P98000024130**

1. Corporation Name

**TNT FISHERIES, INC.**

Principal Place of Business

P.O. BOX 548  
MOULTRIE GA 31776

Mailing Address

P.O. BOX 548  
MOULTRIE GA 31776

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**03/13/1998**

5. FEI Number

**59-3501208**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
<del>D</del>	<del>HUSBANDS, MICHAEL A</del>	<del>STATE HWY 3-65 NORTH</del>	<del>EASTPOINT FL 32328</del>
<del>D</del>	<del>ADAMS, ROSEMARY DR</del>	<del>STATE HWY 9-65 NORTH</del>	<del>EASTPOINT FL 32328</del>
D	Rogers, Douglas C.	P.O. Box 548 2711 South Main Street	Moultrie, GA 31776
			SP

8. Name and Address of Current Registered Agent

MCQUEEN, TAMI  
3215 ALBERT DRIVE  
TALL. FL 32308

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

**11-10-95**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**DOUGLAS C. ROGERS**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/10/99**

Daytime Phone #

**912 891 3000**

CR2E040 (6/99)

**DOUGLAS C. ROGERS & Co., P.C.**

Attorneys at Law

Post Office Box 548  
Moultrie, Georgia 31776  
Telephone (912) 891-3000



2711 South Main Street  
Moultrie, Georgia 31768  
Facsimile (912) 985-5450

November 10, 1999

Division of Corporations  
Annual Report/Reinstatement Section  
Tallahassee, Florida 32314-6327

Re: TNT Fisheries, Inc.

Greetings:

I represent the above-referenced corporation, and I recently received your certificate of administrative dissolution or revocation. I would like you to waive the standard reinstatement fees due to circumstances beyond my control. The principal shareholder died earlier this year, and I filed the annual report in July 1999. However, I recently learned from your office that the annual report had been returned due to lack of signature to the address of the deceased. Therefore, I never received it.

If you have any questions, please feel free to give me a call.

Sincerely,

DOUGLAS C. ROGERS & CO., P.C.

A handwritten signature of Douglas C. Rogers, written in black ink, located below the typed name.

Douglas C. Rogers

DCR/amf

Enclosure - Reinstatement application

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